

RECEIVED  
CENTRAL FAX CENTER

APR 8 2005

**McDonald Hopkins**

McDonald Hopkins Co., LPA  
2100 Bank One Center  
600 Superior Avenue, E.  
Cleveland, Ohio 44114  
216.348.5400  
216.348.5474  
mcdonaldhopkins.com

**Facsimile Transmittal Cover Sheet****Date:** April 8, 2005**To:** Amy Sterling**Company:****Fax:** 703.872.9306**Phone:****From:** Todd A. Benni**Code/Matter No:** 21059-00352**Total Pages (including Cover Page):***The original of this document will be sent by:*

*Please call OFFICE SERVICES @ 216.348.5441,  
if you do not receive all of these pages.*

- ☐ Ordinary Mail
- ☐ Certified Mail
- ☐ Messenger
- ☐ Overnight Delivery
- ☐ Facsimile and Ordinary Mail
- ☒ Facsimile Only
- ☐ E-Mail

**COMMENTS:**

**Please return to: MB**  
**Floor No.: 22**

[630761:]

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS ATTORNEY PRIVILEGED AND/OR CONFIDENTIAL INFORMATION INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY NOTIFY ME BY TELEPHONE AND PERMANENTLY DELETE THE ORIGINAL AND ANY COPY OF THIS TRANSMISSION AND DESTROY ANY PRINTOUT THEREOF.

APR 8 2005

Sample Form (09-04)

**AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY**In re Application of:  
Martha A. Dempsey

Application No. 10/696,128

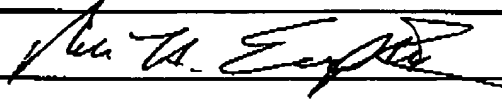
Filed:  
October 29, 2003Title:  
Product DisplayAttorney Docket No.  
13277-0004Art Unit:  
3632

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
Todd A. Benni	42,313

**This is not a Power of Attorney to the above-named practitioner.** Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

**SIGNATURE of Practitioner of Record**

Signature		Date	4-7-05
Name	Robert H. Earp, III	Registration No., if applicable	41,004
Telephone	(216) 430-2003		

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.08 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.